

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention

INSULATING FACE MASK

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, or

Application No. _____, filed on _____,

as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Frank Colletti
Signature: Frank Colletti Citizen of: United States

Inventor two: _____

Signature: _____ Citizen of: _____

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

 Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01A (02-03)

Approved for use through 06/30/2006. OMB 0651-0032

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FULL NAME OF INVENTOR(S)

Inventor one: _____

Signature: _____ Citizen of: _____

Inventor two: CHARLES RAUTH

Signature: _____ Citizen of: USA

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

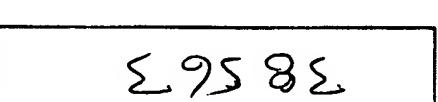
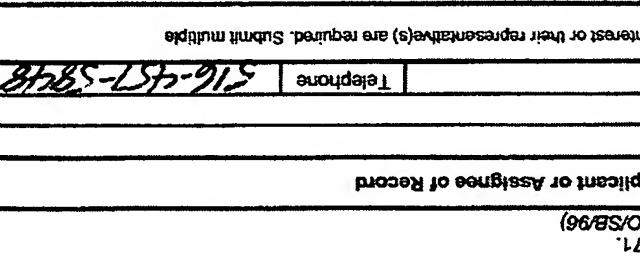
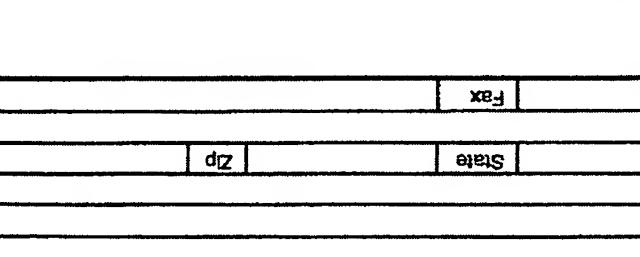
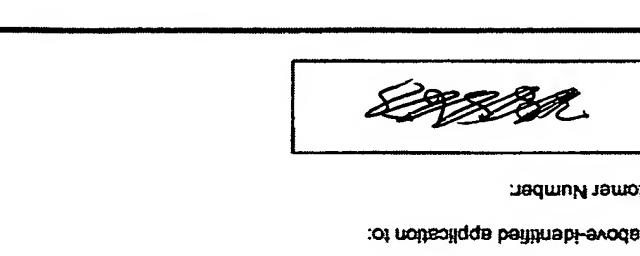
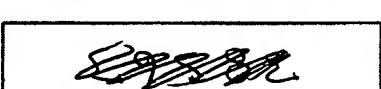
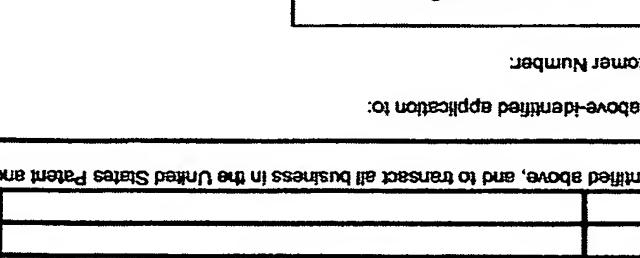
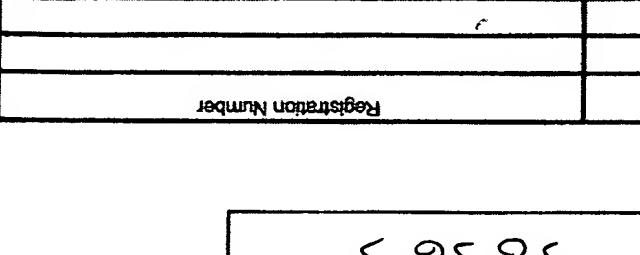
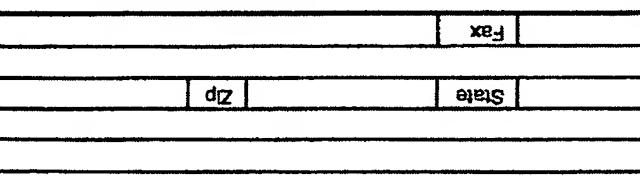
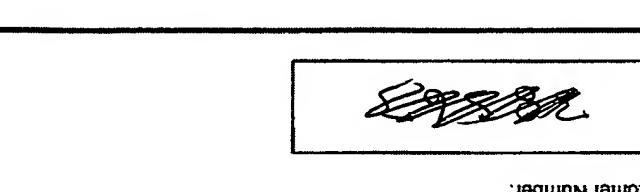
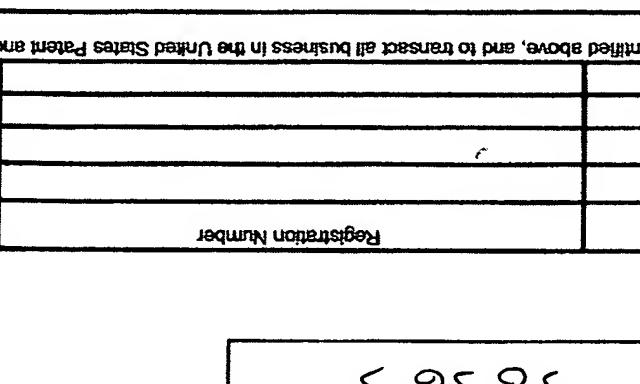
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This collection of information is required by 35 U.S.C. 116 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby appoint: 		Practitioners associated with the Customer Number: 38563	Practitioner(s) named below: <input type="checkbox"/>
Name 		Registration Number 	Trademark Office connected therewith. 
Please recognize the correspondence address for the above-individual application to: 		The address associated with the above-mentioned Customer Number. 	OR 
Individual Name 		OR 	Form of Address City County Fax Telephone Zip State City County Fax Telephone Am the: <input checked="" type="checkbox"/> Applicant/inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is attached (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record			
NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required. See below. 			
Total of _____ forms are submitted. <input type="checkbox"/>			

Applicant Name	9/30/03	Filing Date	q/30/03	First Named Inventor	PERANK COLLECTI	Title	TECHNOLOGY FOR LIFE	Attala County	AN UNIT	Examiner Name	ROBERT	Attorney Docket Number	COLLECTI - 1
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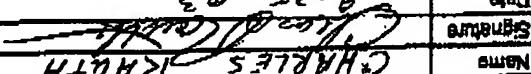
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USPTO processes in accordance with 37 CFR 1.17, this would be sent to the Office of the Commissioner for Patents, 1450, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. Any comments, including suggestions, prepared and submitted by the Commissioner for Patents to the Office of the Commissioner for Patents, should be sent to the Office of the Commissioner for Patents, 1450, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

This collection of information is required by 37 CFR 1.17 and 1.23. The information is used to retain a benefit by the public which is to the (and by the Office of the Commissioner for Patents, 1450, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450).

Total of forms are submitted. Form(s) are submitted in multiple formats of all the information of their representative(s) are required. Submit multiple forms if more than one representative is named. See below.

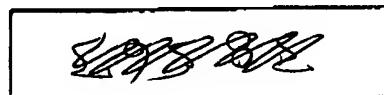
NOTE: Signatures of all the individuals or entities of the entire interest of their representative(s) are required. Submit multiple

Name	CHARLES R. RAUTI
Date	9-25-03
Signature	
Telephone	718-855-1228

SIGNATURE of Applicant or Assignee of Record

Signature under 37 CFR 3.7(a) is attached. See 37 CFR 3.71.

Applicant/Inventor.
I am the

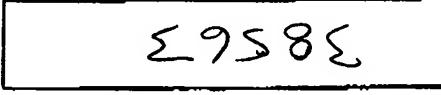
Address	
City	ZIP
County	
Telephone	Fax
Individual Name	OR
	
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Please recognize or change the correspondence address for the above-indicated application to:

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Name	REGISTRATION NUMBER

Practice in (c) named below:

Practice in (c) associated with the Customer Number:
I hereby appoint 

Address	COLLECT - 1
Examiner Name	
Title	FINAL COLLECT
First Named Inventor	
Att. Unit	COLLECTING FALSE NAME
Telephone Number	
Address Doctor Number	
Name	

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Use this Power of Attorney Form to appoint an attorney to represent you in proceedings before the USPTO. It is important that you keep a copy of this form and your attorney's name and address.

Approved for use through 11/30/2020. GPO 09-061-005
PROS-A1 (06-03)